

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10780619	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
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49							99			
50							100			
Total Indep							Total Indep			
Total Depend			14				Total Depend			
Total Claims			15				Total Claims			

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